

# Voluntary Group Legal and Identity Theft Benefit Cancellation Form

Return to Benefits or Payroll Administrator

This form must be received by the **20<sup>th</sup> of the month** and  
will go into effect the first pay period of the following month.

I understand there may be no coverage regarding Identity Theft and/or Restoration under any of my other contracts of Insurance. It has been explained to me that ID Theft is the fastest growing crime in America. I also understand that the legal plan gives me access to a third party (my attorney) to assist and answer questions regarding personal issues and identity theft.

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I wish to cancel participation in  
\_\_\_\_ the Legal plan only  
\_\_\_\_ the Identity Theft plan only  
\_\_\_\_ both plans

Employee ID# or SS#: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
Please Print

Employee Signature: \_\_\_\_\_

Employer & Location: \_\_\_\_\_

Date: \_\_\_\_\_